

Work Progress Report For Grant Year 2006
Submit Any Time From July 1 through November 1, 2006

Authority: 1990 PA 345

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301	County of _____ Grant #BCC-06 _____ MAIN Mail Code: _____ PCA: 02935 AOBJ: 1218 Federal I.D. _____
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**A Second Payment Of Up To 45% Of The State Grant Amount,
 Based Upon Actual Expenditures, May Be Paid After July 1 Of The 2006 Grant Year**

	Column A	Column B	Column C	Column B + C	Column A - B
WORK PROGRAM CATEGORIES (Items G, H, I and J)	Number of Corners in APPROVED 2006 Work Program	Number of PHYSICAL Corners Completed to Date	Number of Corners COMMON to Another Township	Number of LCRCs Submitted	BALANCE Remaining to be Completed in 2006
G RESEARCH completed					
H MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter each record for each corner, including common corners, completed on your database in each corresponding township. Submit records to the State on the web-based Corner Index System.					
STATE USE ONLY: Number of Records Received: _____ Total Number of 2006 LCRC's Received _____					
I Points with COORDINATES SET . Submit three-dimensional coordinates for corners on the web-based Corner Index System, description, complete adjustment print-out for all control stations, and the surveyor's certification.					
STATE USE ONLY: Number of Records Received: _____ Certification Received? Yes _____ No _____					
J Existing CONTROL STATIONS RECOVERED . Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS website. Include a paper copy for the State's records and digital pictures.					

STATE USE ONLY: Number of Mark Recovery Forms Received: _____

Amount Requested This Report: \$ _____ (Up to 45% of Total State Grant, i.e., Amount requested + 40% already received cannot exceed 85% of Total State Grant)

We certify to the best of our knowledge and belief that this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant/contract documents.

 Original Ink Signature of County Grant Administrator

 Original Ink Signature of County Representative

 Date

 Date

 Maynard R. Dyer, P.S., Director, Office of Land Survey and Remonumentation

 Date

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**Payment Of Up To 45% Of The State Grant Amount,
 Based Upon Actual Expenditures, May Be Paid After July 1 Of The 2006 Grant Year**
 (Expenditures include state grant funds, county contributions, and expedited funds, if any)

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Work Progress Report Total (add across)	State Use Only
	Column G	Column H	Column I	Column J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)						
Contractual Survey Services (CSS)						
Supplies and Materials (S/M)						
Equipment (E)						
Administration (A)						
Total Work Progress Report Expenditures (add Columns G, H, I and J down)	Column G	Column H	Column I	Column J	Grand Total Actual Expenditures (as of this report) \$ _____	

STATE GRANT AMOUNT \$ _____ **divided by** the TOTAL ANNUAL PROJECT BUDGET \$ _____ **times** the GRAND TOTAL ACTUAL EXPENDITURES \$ _____ **equals** the EARNED AMOUNT \$ _____.

EARNED AMOUNT \$ _____ **minus** 40% received \$ _____ **equals** the AMOUNT REQUESTED THIS REPORT \$ _____ (Up to 45% of Total State Grant, i.e., Amount requested + 40% already received cannot exceed 85% of Total State Grant).

County MUST provide:

1. County Treasurer's printout (detailed transaction history of Account 245) of all Survey and Remonumentation Grant Activity.
2. S&W/Fringe Benefits/Overhead breakdown of all internal county costs.
3. All invoices.
4. Explanation of all adjustments to approved grant, including line item transfers, work not completed, or work added to the specified work program.

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.